

Date October 6, 2023

Meeting Called By	Dr. Michael Smith, Chief Medical Officer				
Type of Meeting	Web-Ex Meeting 1:00pm – 3:00pm				
EXTERNAL ATTENDEES - VOTING MEMBERS/NON-VOTING MEMBERS					
	Present	NAME	Present	NAME	Present
Hillary Faulk-Vaughn, Chair PAMH Clinical Director Voting Member	<input checked="" type="checkbox"/>	Dr. Robby Adams, MD Vice-Chair Medical Director, Various Voting Member	<input checked="" type="checkbox"/>	Dr. Diana Antonacci Psychiatrist - Retired Non-Voting Member	<input checked="" type="checkbox"/>
Dr. Terri Duncan, PhD Director of Bladen County DHHS Voting Member	<input type="checkbox"/>	Gary Bass Pride in NC, CEO Voting Member	<input checked="" type="checkbox"/>	Glenn Buck PORT Health, CCO Voting Member	<input checked="" type="checkbox"/>
Natasha Holley Integrated Family Services Clinical Director Voting Member	<input checked="" type="checkbox"/>	Dr. Griffin Sutton, PhD Tidal Neuropsychology Director Voting Member	<input type="checkbox"/>	Sharlena Thomas RHA Behavioral Health Services State Clinical Director Voting Member	<input checked="" type="checkbox"/>
Ryan Estes Coastal Horizons COO Voting Member	<input checked="" type="checkbox"/>	Dr. Ritesh Patel, PharmD PORT Health - Independent Contractor Voting Member	<input checked="" type="checkbox"/>	Dr. Ian Bryan, MD ENC Pediatrics Owner/Director Voting Member	<input checked="" type="checkbox"/>
Dr. Michael Lang, PhD Chair of Psychiatry at ECU Health Brody School of Medicine Voting Member	<input checked="" type="checkbox"/>	Dr. Hany Kaoud, MD PORT Health Medical Director Non-Voting Member	<input checked="" type="checkbox"/>		<input type="checkbox"/>
INTERNAL TRILLIUM ATTENDEES, PRESENTERS, GUESTS - NON-VOTING MEMBERS					
NAME	Present	NAME	Present	NAME	Present
Dr. Michael Smith Chief Medical Officer Trillium - Non-voting Member	<input checked="" type="checkbox"/>	Dr. Arthur Flores Deputy Chief Medical Officer Trillium - Non-voting Member	<input checked="" type="checkbox"/>	Dr. Kimberly Greer Staff Psychologist Trillium - Non-voting Member	<input checked="" type="checkbox"/>
Dr. Paul Garcia Staff Physician (Alternate for Dr. Smith) Trillium - Non-voting Member	<input checked="" type="checkbox"/>	Kristine Brewington VP Network Management Trillium – Non-voting Member	<input checked="" type="checkbox"/>	Julie Kokocha Director of Network Accountability (Alternate for Kristine) Trillium – Non-voting Member	<input checked="" type="checkbox"/>
Jason Swartz Pharmacy Director Trillium – Non-voting Member	<input checked="" type="checkbox"/>	LaDonna Battle Executive Vice President of Care Mgmt. & Population Health Trillium – Non-voting Member	<input checked="" type="checkbox"/>	Amanda Morgan QM Coordinator Trillium – Non-voting Member	<input checked="" type="checkbox"/>
Benita Hathaway VP Population Health & Care Mgmt. Trillium – Non-voting Member	<input checked="" type="checkbox"/>	Trudy Paramore Admin Asst – Medical Affairs Trillium – Non-voting Member	<input checked="" type="checkbox"/>	Cham Trowell UM & Transition of Care Coordinator Trillium – Non-voting Member	<input checked="" type="checkbox"/>

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AGENDA

1. Agenda topic: Welcome and Call to Order

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> Dr. Smith called the Clinical Advisory Committee (CAC) Meeting to order. A quorum was present for today's meeting. 				
Conclusions	<ul style="list-style-type: none"> There were no questions or concerns identified for follow-up or items recommended for corrective action. 				
Action Items	<table border="1" style="width: 100%;"> <thead> <tr> <th style="background-color: #d9ead3;">Person(s) Responsible</th> <th style="background-color: #d9ead3;">Deadline</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> There were no items identified for follow-up </td> <td></td> </tr> </tbody> </table>	Person(s) Responsible	Deadline	<ul style="list-style-type: none"> There were no items identified for follow-up 	
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2. Agenda topic: Agenda Review and Approval

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> There were no additions/deletions to the agenda. Dr. Smith recognized LaDonna Battle, Executive Vice President of Care Management and Population Health and congratulated her for obtaining her doctorate. 				
Conclusions	<ul style="list-style-type: none"> The agenda for October 6, 2023, was approved as written with a motion by Robby and a second by Ryan with all members in favor of the motion. There were no questions or concerns identified for follow-up or items recommended for corrective action. 				
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3. Agenda topic: Follow-up Items

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> Dr. Smith – F/u on why Respite staff are not paid for sleep time. Completed. The service definition for Respite does not allow billing for sleep time. Amanda – Share PIP presentation upon completion of development. TBD. Dr. Smith & LaDonna Battle – Discuss recommendation to share ADT feeds with other providers. Completed. This is in the process of discussion with a potential vendor. Dr. Smith – F/u on Trillium sharing ADT list of uninsured state-funded beneficiaries who may be Medicaid eligible (with Medicaid Expansion) to assist those members with Medicaid enrollment. Open. Holly – Review Physical Health CTP Code #96127 and follow-up on possibly mirroring a CTP Code on the Behavioral Health Side. Completed. Holly shared this CTP Code is active in NC Tracks. She confirmed that this code is not currently in Trillium's Benefit Plan. Discussion internally continues on this, and additional information will be provided at the December meeting. Dr. Patel – Schedule time with Jason to discuss CPESN's data tracking. Open. Dr. Patel will schedule a meeting with Jason to discuss this next week. Dr. Patel shared receiving questions regarding covering immunizations and inquired if there were any resources for Flu and COVID vaccines were available for Trillium members. This will be discussed further with Jason when they meet. Dr. Smith – F/u on service available for undocumented individuals through Medicaid Direct. Completed. There was a change with regard to the documented population in April that they are eligible to report through Medicaid Direct and being that we have a Medicaid Contract we do have to
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	<p>have some form of eligibility and currently undocumented individuals are not able to access all services. They can access Emergency Services. Dr. Smith shared hearing that this is a national issue.</p> <ul style="list-style-type: none"> • Susan – Post June 2, 2023 minutes to SharePoint and forward to Communications to post on Trillium’s website. Completed. • Public Comment – NC 115 Waiver Demonstration Renewal Application - Emailed to CAC 9/6/23. • Public Comment – NC 115 Waiver Renewal Demonstration Abbreviated Public Notice – Emailed to CAC 9/6/23. • Public Comment – Proposed Temporary Amendment 10A NCAC 28F.0101 Regions for Division Institutional Admissions – Emailed to CAC 9/6/23. • Discussion on Public Comments Cham shared because of the B3 to iOptions transition it has made the review of the Public Comments even more important. She suggested if members do not have time to read through these to please look at the exclusions. By receiving feedback, we can advocate to make changes on these policies. 									
Conclusions	<ul style="list-style-type: none"> • All open follow-up items will be carried forward to the next meeting until completion. • There were no questions or concerns identified for follow-up or items recommended for corrective action. 									
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4. Agenda topic: Meeting Minutes Review and Approval

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> • The August 4, 2023 minutes were presented for review and approval. 						
Conclusions	<ul style="list-style-type: none"> • The August 4, 2023 minutes were approved as written with a motion by Hillary and a second by Gary with all members in favor of the motion. • There were no questions or concerns identified for follow-up or items recommended for corrective action. 						
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5. Agenda topic: QIA Review – Information and Discussion

Presenter(s): Amanda Morgan

Discussion	<ul style="list-style-type: none"> • TCL QIA <ol style="list-style-type: none"> a. Measurement #55 (August 2023) is new and was presented to QIC for review. The threshold of 98% (or higher) was not met for August 2023. b. A small workgroup recently convened to discuss the TCL QIA. The workgroup recommended to close the QIA, and cited the following reasons to support its closure: <ol style="list-style-type: none"> i. DMH Contract Amendment #4 notes that any requirements in section 15.3 <i>Quality Management and Performance Improvement Projects</i> will end June 30, 2023. This would relinquish our
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- commitment to the current TCL In-Reach QIA; however, Trillium would still move forward with the TCL Housing Separation Rate PIP.
- ii. Delegation of In-Reach is anticipated to end by December 31, 2023; In-Reach follow-up will then be managed internally by Trillium. This anticipated change would disrupt our current QIA layout/methodology/strategy/interventions.
 - iii. 90 day follow-up with each In-Reach member is not an identified performance measure requirement (with liquidated damages) as we transition into Managed Care.
 - iv. In-Reach follow-up/contact will continue to be tracked internally upon closure of the QIA.
 - v. Closure of the QIA will not negatively impact Trillium's NCQA Accreditation status.
- c. The recommendation by the workgroup to close this QIA was presented to QIC. QIC members noted that there is an upcoming State meeting regarding contract amendments/updates, which may impact our ability to close the TCL QIA. Therefore, QIC proposed reviewing the workgroup's recommendation at next month's meeting, as this will allow ample time to review the contract amendments/updates and their impact on the TCL QIA.

- **Mental Health 1-7 Day Follow Up QIA**

- a. Validated State data has not yet been received for #20 (Jan-Mar 2023) and #21 (Apr-Jun 2023); therefore, these measurements represent local data at this time.
- b. NCDHHS recently notified Trillium that this performance measure (1-7 day follow-up) will begin using data submitted via the Encounter Processing System (EPS). Per NCDHHS, not all plans have submitted to EPS and those that have submitted experienced issues with the system. Therefore, until further notice, NCDHHS is electing to pause reporting of validated DHB (Medicaid) metrics; however, DMH (state) metrics will continue to be reported/validated. Additionally, Trillium will continue to report local data on this QIA until validated data from the State is received.

- **Substance Use 1-7 Day Follow Up QIA**

- a. Validated State data has not yet been received for #20 (Jan-Mar 2023) and #21 (Apr-Jun 2023); therefore, these measurements represent local data at this time.

NCDHHS recently notified Trillium that this performance measure (1-7 day follow-up) will begin using data submitted via the Encounter Processing System (EPS). Per NCDHHS, not all plans have submitted to EPS and those that have submitted experienced issues with the system. Therefore, until further notice, NCDHHS is electing to pause reporting of validated DHB (Medicaid) metrics; however, DMH (state) metrics will continue to be reported/validated. Additionally, Trillium will continue to report local data on this QIA until validated data from the State is received.

- **Discussion**

Amanda reiterated that she plans to share a PIP PowerPoint Presentation at the December meeting. Clarification was received from the State regarding which PIPs all the LME/MCOs must implement. We've had to revamp most of our PIPs that we have been working on over the last year. We've also had to pause some and split up some PIPs based on funding source. The Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) and the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) PIPs that we were moving forward with for Medicaid Direct have now been paused as requested by the State. The State also gave clarification on the Diabetes PIP

and this PIP is pended as well. These may be reviewed again in the future. Our new Follow-up After Emergency Department Visit for Mental Illness 0-7 Days (FUM) is a HEDIS measure and was established for our Medicaid Direct and Tailored Plan contract. Another new PIP (HEDIS measure) we are implementing is titled Follow-up After Hospitalization for Mental Illness 0-7 days (FUH) and is very similar to our current 1-7 day follow-up QIAs. The FUH PIP is also required in our Medicaid Direct and Tailored Plan contract. We also have a new TCL PIP that will be replacing the TCL QIA that we are looking to sunset but will be related to decreasing the housing separation rate for members and we'll be doing that for Medicaid Direct, Tailored Plan and our State Contract. Our last two PIPs we are working on will be basically our QIAs on the State side, the DMH Mental Health and Substance Use 1-7 day Follow-up. Last week we submitted our Medicaid Direct PIPs to the State for review and validation and are looking for a response/feedback in the next couple of weeks. This will be included in a PowerPoint presentation at our December meeting. Hillary asked if the PIP for ED Follow-up is for medical or mental health or both? Amanda responded that the PIP is for mental health, using the HEDIS specifications. Gary questioned how to discern this if a Schizophrenic presents at the ED for an Appendicitis or GI Discomfort as they should list Schizophrenia as a diagnosis? Ryan stated they would list the chief complaint they are presenting for, but it is often a challenge because often times they will list Pancreatitis as the chief diagnosis but was it was brought on by a binge of alcohol use. Dr. Garcia stated not all the hospitals complete all the data when reviewing the ADT feed. Hillary said the number of inpatient beds for psychiatric folks that end up in EDs are dramatically not available. When members are discharged from the ED after waiting for an inpatient bed for two weeks, but none came available obviously follow up would be challenging from a provider's standpoint. Knowing that this will affect numbers will Trillium monitor this? Amanda shared that we had a QIA that is now closed that monitored follow-up after an ED visit and we always met the metric and were exceptionally high with the follow up. We have an ED Disposition Team at Trillium, and their sole function is to follow up with folks when they are discharged from the ED to ensure they are linked with follow up appointments. We may encounter some challenges with the new Ed Follow up PIP with getting members seen within 1-7 days, but did historically well the ED Follow up QIA.

Conclusions	<ul style="list-style-type: none"> • There are three QIAs left open after sunseting two other QIAs. • Dr. Garcia will add the PIP Presentation to the December meeting agenda. • There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> • Add PIP Presentation to December Agenda 	Dr. Garcia	Dec Mtg.

6. Agenda topic: Trillium Updates and Information

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> • TP Update The budget passed and became law on Oct 2, 2023 and stated that we must go live with TP between now and July 2024. The General Assembly has announced their desire to move from six TPs to four to five TPs. The county realignment process is left to Secretary Kinsley's determination. He has around ninety days to make that decision. We as TPs have ninety days from the budget becoming law to bring any counties that will be joining Trillium onboard. The Secretary hasn't released any decision yet on which counties go where and
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	<p>this puts us in limbo, but when the announcement is made Trillium is prepared to react. Gary shared this is a stressful time for all MCOs and stated his appreciation for Trillium and all the hard work they do. If the decision is made to move to four MCO's instead of five it will be a task to get everything done. Dr. Smith said when the county decision is made we will not only take on the members but want their Care Managers to come over as well as they are the ones that know their members and have worked with them. Gary questioned when the counties do roll over if new contracts for providers for Eastpointe and Sandhills have to be completed? Julie shared the Network Development Team has already reached out to the providers that are currently on the provider directory for Eastpointe via email and phone calls offering extensions of contracts and identifying the providers that are already contracted with Trillium which will entail just adding a new site. This is in an effort to expand our coverage and ensure continuity of care. Medicaid Expansion will bring more members into Medicaid and some of those into the TP. December 5th is our document submission date for NCQA. Jason is preparing to go live with Trillium's Pharmacy Program as well.</p> <ul style="list-style-type: none"> ● Staffing Updates We are in the process of ensuring we are appropriately staffed for TP go live. This entails hiring additional staff especially in Care Management and in other areas of the organization. 	
Conclusions	<ul style="list-style-type: none"> ● There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items	Person(s) Responsible	Deadline
<ul style="list-style-type: none"> ● There were no items identified for follow-up 		

7. Agenda topic: CAC Business
Presenter(s): Cham Trowell

Discussion	<ul style="list-style-type: none"> ● Annual Review of Utilization Management (UM) and Review Plan, UM Management Annual Evaluation 2022-2023, Clinical Decisions Support Tools – Cham Cham gave an overview of the UM and Review Plan and asked for feedback from the group on questions/concerns/additional edits to the UM Plan. The UM and Review Plan is the new plan for the 2023-2024 year and includes an Appraisal of the 2022-2023 goals. Also included in the meeting documents shared were the Clinical Decisions Support Tools for Mental Health, Substance Use and IDD. These are the tools used to assist UM with reviewing of services for medical necessity which is an NCQA standard. The tools include information regarding entrance and continued stay criteria along with data points on social determinants of health. The tools are complete and pulled directly from the service definitions. The UM Plan is reviewed and approved annually and oversees the behavior health services and ensures the effective implementation of comprehensive and consistent service requests and that members receive services within the appropriate timeline and in the least restrictive setting. The goal of our plan this year is to provide direct oversight to Trillium service providers, to partner with members in management and navigating the care delivery system ensuring delivery of services in a timely manner and at the most appropriate level and cost. Some of the ways we accomplish this is by maintaining a published Benefit Plan and with frequent communications from both the UM Team and the Network Team. We also have a schedule to perform Inter-Rater Reliability Studies with individuals who make internal decisions. For fiscal Year 2022-2023 we received approximately 29,351
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	service requests to process which averaged out to 2,224 per month at a rate of 99.8% within timeframe. We have had flexibilities for COVID in place for three years with some ended and others ending in December 2023. There were 236 out of network requests issued and processed in UM.	
Conclusions	<ul style="list-style-type: none"> Feedback on any of the UM documents is appreciated and can be submitted to Cham.trowell@trilliumnc.org. There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items		Person(s) Responsible
<ul style="list-style-type: none"> There were no items identified for follow-up 		

8. Agenda topic: Additional Revisions to the CAC Bylaws

Presenter(s): Dr. Michael Smith

Discussion	<ul style="list-style-type: none"> Dr. Smith shared the revision to Section 2 – Membership in CAC (and in additional areas of the Bylaws) was revised to continue membership with members that are familiar with the processes of Trillium and the CAC. We are in a time of change and transition and wanted to remove the term restriction for any members who want to continue to serve on this committee. The membership will continue to grow as we move towards TP. 	
Conclusions	<ul style="list-style-type: none"> The CAC Bylaws Revised October 2023 were approved with the additional edits as written with a motion by Gary and a second by Dr. Bryan with all members in favor of the motion. The Bylaws will be processed and posted by Susan. There were no questions or concerns identified for follow-up or items recommended for corrective action. 	
Action Items		Person(s) Responsible
<ul style="list-style-type: none"> Post the Bylaws to SP/Trillium Website 		Susan
		Deadline
		ASAP

9. Agenda topic: Open Agenda Discussion

Presenter(s): All Members

Discussion	<ul style="list-style-type: none"> Hillary inquired if there is any plan around trying to have inpatient availability increased? Providers are experiencing an exceedingly large number of individuals that are incredibly sick going to the ED and have multiple requests out for inpatient beds and being discharged from the ED without inpatient care because the hospitals will not house individuals there for a long period of time. This is causing rapid re-admits because individuals are coming out and having to be IVC'd almost immediately because they are still posing the same risk to themselves and others as they were when they were admitted to the hospital. Robby shared that with COVID staffing has been an issue and if he declines a patient it is generally not because of availability but rather they don't have the staff to meet the individual's needs generally because of acting out behavior. He asked Hillary if she was seeing a pattern of individuals who have aggression being turned away? Hillary responded that she has experienced both but most times they are declined because of behavioral challenges, especially psychotic individuals that are physically/sexually inappropriate. Dr. Michael Lang stated the Hybrid Complex Medical Unit at ECU (located on One South and manned by Mid Psych Physicians) is in its second year of existence for patients with acute psychiatric needs plus acute on-going medical problems that may cause them to be denied by on-going existing behavioral units. The beds are full at this time. A patient meeting this criteria may possibly be eligible for admission to our unit. As the program is in its infancy there are only 	
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	<p>eight beds and Dr. Lang tries to keep the turnover as quickly as possible. Providers can contact Psych Triage or Refer Direct for ECU at 847-7777 and they will call the HCU attending on call. There is no direct number callers must go through Psych Triage or Refer Direct. Refer Direct will connect the ED physician with Dr. Lang. We are attempting to educate the ED doctors on this resource and process. Hillary thanked Dr. Lang for sharing this resource for individuals that need this level of care. Dr. Lang shared they have a team of sitters that sit in front of the rooms 24/7 to man those particular patients with aggression because it is on a medical unit. It is abundantly staffed. The HCU cannot handle individuals needing Pitt County Detention level of care and restraint. A plan is developed for the acute psychiatric issue along with stabilizing the acute medical condition. Individuals are discharged after their medical conditions are stabilized with the majority being discharged to other psychiatric units to complete their psychiatric care. He also shared that Acadia is forthcoming with groundbreaking planned for Nov 1st and will add 144 beds for behavioral health in Greenville including a Child and Adolescent Unit with completion in April 2025. Benita shared Trillium's ED Disposition Team works with the EDs every day to address issues, monitor, and discuss barriers. Dr. Smith stated we also have a Ready for Discharge Team that works specifically with State Hospital Units to assist in the discharge process, mainly Cherry Hospital. Some have been at Cherry for several years and we've been able to implement solutions to help them live in the community. Dr. Smith shared we are still trying to fulfill the TCL requirements and have a very active team working on moving individuals into the community in the most appropriate setting.</p>		
Conclusions	<ul style="list-style-type: none"> There were no questions or concerns identified for follow-up or items recommended for corrective action. 		
Action Items		Person(s) Responsible	Deadline
<ul style="list-style-type: none"> There were no items identified for follow-up 			

Next Meeting Date: December 1, 2023
 (All meetings convene from 1pm – 2:30pm)

Supporting Document/Attachment for Minutes:

- Agenda Oct 2023
- Meeting Minutes – Aug 2023
- QIA Grid - Aug 2023
- UM Management Plan Annual Evaluation 2022-2023
- UM and Review Plan – Jul 2023
- UM Decision Support Tools
- Revised CAC Bylaws – Oct 2023

Submitted by Susan Massey